



*...rising above the service you expect<sup>SM</sup>*

## Enrolling in ADVANTAGE Health Solutions

- Section # 1. Complete Vital Statistics. Please check the NEW ENROLLMENT box.
- Section # 2. Please check Marital Status.
- Section # 3. Please check Type of Coverage Requested.
- Section # 4. Please DO NOT check Waiver of Coverage section.
- Section # 5. Please complete PCP Selection for you and any eligible dependents... eligible dependents must select a PCP within the same Network as the Enrolling Subscriber (RIPEA member).
- Section # 6. Please complete Coordination of Benefits section-please indicate if you or your covered dependents (if any) have other medical coverage.
- Section # 7. Please sign and date the application...keep the pink copy for your records.

Please send the yellow and white copy of the enrollment application along with the first month's premium to:

**HMO Plans  
P. O. Box 2471  
Indianapolis, IN 46206-2471**

Coverage will begin the first of the month following the receipt of the enrollment form and the initial premium payment. A monthly coupon booklet will be mailed to for the subsequent payments.

If you have any questions, please contact ADVANTAGE Health Solutions Member Services Department at (800) 553-8933.